Authorization for Payment of Candidate Expenses

Date: ____________

Candidate’s Name: ______________________________________

Position: ______________________________________

It is my determination that expenses paid on behalf of this candidate are necessary in order to attract qualified candidates for the position. The faculty position is important enough to the University that it warrants paying the interviewee’s expenses.

I also determine that these costs would not exceed the expenses of conducting the interview at the interviewee’s home area or elsewhere.

I also certify that candidates residing within South Carolina were considered before candidates from other states.

Presidential Approval: ______________________________________